Section III.
Performance Goals and Action Plans to Improve the Service System

A. Plan for Adult Services

1. Current Activities

Criterion 1: Comprehensive community based services

In December 2002, Governor Warner proposed a multi-year vision to restructure Virginia's mental health services system. The goal of this restructuring process is to achieve a more comprehensive and fully developed system of community-based care. This would also serve to reduce the Commonwealth's reliance on state facilities for services that could be more appropriately provided in the community. Progress to date has included State Hospital diversion projects, plans for increased jail-based services, expansion of the types of mental health services available in the community and an increased focus on improving availability of geriatric mental health care. In one region, a new Crisis Stabilization Unit has served 81 individuals who were at risk of more restrictive levels of care. In another region, 35 individuals were discharged from a state hospital to more appropriate community placements.

In addition, DMHMRSAS has recently revised its mission to be:

> "We [DMHMRSAS Central Office] provide leadership and service to improve Virginia's system of quality treatment, habilitation, and prevention services for individuals and their families whose lives are affected by mental illness, mental retardation, or substance use disorders. We seek to promote dignity, choice, recovery, and the highest possible level of participation in work, relationships, and all aspects of community life for these individuals."

There is also a new vision of "a community-based system of services that promotes self-determination, empowerment, recovery, and the highest possible level of consumer participation in work, relationships, and all aspects of community life." The foundation of this vision includes: 1. Self-determination, empowerment, resilience and recovery, 2. Expanded quality of services including EBPs, 3. Access to care regardless of ability to pay, 4. Accountability through stakeholder monitoring of performance measures, 5. Partnerships with other local and state agencies, 6. Coordination of care, 7. Appropriate funding to address consumer needs, and 8. Efficient use of resources.

Performance Measures for Criterion 1

Four measures have been chosen for Criterion 1:

- Readmission Rate (30 days & 180 days) ***(NOMS)***
- Number of evidence-based practice services ***(NOMS***
- Persons receiving evidence-based practice services ***(NOMS***
- Positive perceptions of outcomes ***(NOMS***

Criterion 2: Mental health system epidemiology

The quantitative target for 2005 focuses on maintaining or increasing the rate of treated prevalence of serious mental illness. It is encouraging that larger numbers of adults with serious mental illness have been served in recent years and a larger percentage all consumers treated are adults with serious mental illness; however a much higher penetration of the prevalence rate is desirable.

It is important to note that both the State Board policy on priority populations and the checklist criteria are considerably narrower than the criteria in the federal definition. This will cause the CSB penetration rates to be lower than they would be if the federal definition were applied, since the prevalence rates are based on the federal definition. While part of the discrepancy between prevalence and treated prevalence may be accounted for by the broader nature of the federal definition of serious mental illness relative to the State Board's, increasing CSB penetration rates continues to be an important goal of this plan. This measure has been a particular focal point for the Mental Health Planning Council and considerable emphasis will be placed on monitoring this data over the next few years.

Two measures have been chosen for Criterion 2:

- Number of persons served by the state mental health authority (***NOMS***
- Treated prevalence of serious mental illness

Criterion 3: Not applicable to adult services

Criterion 4: Targeted services to rural and homeless populations

The Department, in partnership with the Virginia Department of Health (VDH), VPCA, and the Virginia Rural Health Resource Center (VRHRC) sponsored a two-day conference in September 2002 focusing on the integration of behavioral health into primary care.

In addition, DMHMRSAS has incorporated a number of steps to address the need for increased services in rural areas into its Comprehensive State Plan for 2006-2012 including convening a workgroup of state facility and CSB leaders to identify current and projected areas of service need.

f. Assess the capacity of current medical and clinical staff to meet the specialized service needs of individuals served by CSBs in rural and clinically underserved areas.
g. Identify the availability of specialized medical and clinical expertise in state facility programs by state facility service area.
h. Develop strategies to provide state facility specialized medical and clinical staff for treatment and consultation services to CSBs that have current and projected shortages.
i. Use state facility medical and clinical specialists to provide training to CSB personnel in identified areas of need, using interactive telecommunication networks and video technology.
j. Advocate Federal regulatory revisions to assess per capita allotments fairly within state allocations in distributing transportation funding so that amounts would be allotted equitably among rural and urban populations.

Virginia is committed to providing services to individuals with serious mental illness who are homeless. It has been estimated that between 12 and 20,000 individuals with mental illness become homeless. Virginia is a recipient of Projects for Assistance in Transition from Homelessness (PATH) formula grant. This grant provides funds for outreach to persons who are homeless and have serious mental illness across the state.

The performance measure chosen for Criterion 4 is level of shelter, housing and mental health services to homeless adults with serious mental illness.

Criterion 5: Management Systems

DMHMRSAS is the primary funding source for public mental health services in Virginia. Other revenues include Medicaid, other third-party payments, Federal grant funds and local tax revenues. The community mental health system is underfunded to provide all needed community-based services. This fact underlines the significance of the Community Mental Health Services Block Grant funds as part of the total resources used for community services.

In Virginia, a community mental health center (CMHC) is defined as a local entity through which comprehensive community mental health services are provided. These services are provided within the framework of the Commonwealth's core services, and within the structure of the Code of Virginia (37.1-194-202.1) establishing the community services boards (CSBs). Mental Health block grant funds are allocated to Virginia's community services boards and to consumer-operated, community-based programs.

Mental Health Block Grant funds are primarily used in Virginia to support and develop services through CSBs. These services are restricted to non-residential and outpatient services and supports in accordance with P.L. 102-321. CSBs use the Block Grant funds, in conjunction with other state and local funds, to maintain and expand the array of community-based services for adults with serious mental illness.

The performance measure chosen for Criterion 5 is the percentage of SMHA-controlled expenditures used to support community programs.

Adult Criterion 1: Readmission Rate (30 & 180 days)

Goal: Decrease rate of readmissions to State Psychiatric Hospitals within 30 days.

Target: To decrease the rate of readmissions to State Psychiatric Hospitals within 30 days to 8.5% and within 180 days to 19.80%

Population: Non-Forensic Adults with Serious Mental Illness

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

Brief Name: Readmission Rate

Indicator 1: Reduced Utilization of Psychiatric Inpatient Beds

Measure: The rate of readmissions within 30 days and 180 days of discharge from the state mental health facilities for non-forensic consumers for whom the CSB is the case management CSB.

> Numerator: Number of non-forensic patients readmitted to state mental health facilities within 30 days (and 180 days) of discharge during the fiscal year.
>
> Denominator: Number of discharges of non-forensic patients from state mental health facilities within the fiscal year.

Source(s) of Information: Hospital Information System (AVATAR)
Significance: Reduction in the rate of readmissions is a measure of the capacity of CSBs.

Readmission within 30 days of Discharge					
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	8.3%	8%	8.2%	8.7%	8.5%
Numerator	336	299	292		
Denominator	4,058	3,734	3,556		

Readmission within 180 days of Discharge					
(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	19.64%	19.50%	20.7%	19.40%	19.8%
Numerator	336	728	735		
Denominator	4,058	3,3734	3,556		

Action Plans: The Department has implemented a number of measures to decrease the states reliance on inpatient hospitalization and has plans to expand these services.

1. *Discharge Assistance Plans* (DAP) are designed to assist in the preparation of individuals returning to the community after inpatient care.

2. *Crisis Stabilization Units* are being developed to serve individuals at risk of more restrictive levels of care.

3. *Programs of Assertive Treatment* (PACT) teams provide intensive treatment, rehabilitation, and support services that reduce state hospital utilization. There are currently 16 PACT teams.

4. *Projects for Assistance in Transition from Homelessness* (PATH) program funds outreach and engagement services to persons who are homeless and have serious mental illness across the state. A recent study (Culhane et al, 2002) on the impact of supportive housing programs for persons who were homeless and had serious mental illness revealed that those placed in supportive housing programs experience marked reductions in shelter use, hospitalizations, length of stay when re-hospitalized, and incarceration.

   Gero-psychiatric Work Group was established by DMHMRSAS in 2003 to create a strategic plan for the development of needed services and support for elderly individuals and adults with serious mental illnesses. The Gero-psychiatric Work Group presented their general recommendations for improving the System of Geriatric Services and Specific Initiatives for 2004-2005 to the Commissioner's Plan for Restructuring Geriatric Services. Fourteen general long-range recommendations were made and the first included the development of a Master Plan for Geriatric Services, outlining a standard continuum of specialized services to meet the complex needs of geriatric patients. The Specific Initiatives were to identify, recognize and promote examples of model programs operating in Virginia; prepare an educational program in collaboration with appropriate agencies and professional organizations to reach primary care physicians and geriatric specialists who treat geriatric consumers; compile training resources by region that can be accessed by providers, consumers, and families; compile a directory of geriatric services that include descriptive information about available services by region; and review existing databases that could be useful in planning geriatric services and extract preliminary data for use by the Geriatric Work Group.

5. *Readmission Rate* has also been chosen as a measure to report to the Department of Planning and Budget. This means that performance on this measure will be available for key stakeholders to review.

6. *WRAP* (Wellness Recovery Action Plans) programs have also been funded by the Department. According to the author (Mary Ellen Copeland), "The Wellness Recovery Action Plan is a structured system for monitoring uncomfortable and distressing symptoms, and, through planned responses, reducing, modifying or eliminating those symptoms."

Adult Criterion 1: Number of Evidence-Based Practices

Goal: To increase the number of evidence-based practice services provided by the state mental health authority (SMHA).

Target: Increase the number of evidence-based practice services provided by the SMHA.

Population: Adults with Serious Mental Illness

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

Brief Name: Number of Evidence-based Practices

Indicator 2: Evidence-based practice services provided by the SMHA

Measure: Number of evidence-based practice services provided by the SMHA (out of 8 possible)

Source of Information: Survey

Significance: Evidence-based practices (EBPs) represent practices that have research supporting their efficacy. Use of EBPs should result in better patient outcomes.

Special Issues: Data for this measure was collected from a self-report survey. While we provided CMHS definitions of the EBPs to survey respondents, we do not currently check fidelity.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	N/A	4	4	4	5
Numerator		---			
Denominator	---	---	---	---	---

Action Plans: We plan to continue to survey CSBs regarding their administration of EBPs. Currently, we have 16 PACT teams that meet the EBP criteria. Supported employment was added to our MIS system so that we can easily track individuals in receipt of this EBP.

Adult Criterion 1: Number of Adults Receiving Evidence-Based Practice Services

Goal: To increase the number of adults who receive evidence-based practice services (EBPs).

Target: To provide EBPs to at least 1,600 individuals.

Population: Adults with serious mental illness

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

Brief Name: Number of adults receiving EBPs

Indicator 3: Evidence-based Practice Services

Measure: Number of adults receiving EBPs

Source(s) of Information: Survey of CSBs

Significance: Evidence-based practices represent practices that have research supporting their efficacy. Use of EBPs should result in better patient outcomes.

Special Issues: Data for this measure was collected from a self-report survey. While we provided CMHS definitions of the EBPs to survey respondents, we do not currently check fidelity.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	N/A	1,465	1,755	1,500	1,600
Numerator		---			
Denominator	---	---	---	---	---

Action Plans: In 2005, we surveyed CSBs regarding their use of the 8 EBPs identified by CMHS. Currently, we have 16 PACT teams that meet the EBP criteria. We currently track the number of adults receiving PACT services. We have added Supported Employment to our CSB MIS system so that we can track its administration. In addition, we plan to continue to use a survey requesting that CSBs tell us which EBPs they are implementing and how many people they serve.

Adult Criterion 1: Positive Perceptions of Outcomes

Goal: To maintain or increase the percent of persons who report positive perceptions of outcomes on the MHSIP Adult Consumer Survey

Target: To maintain the percent of persons who report positive perceptions of outcomes on the MHSIP Adult Consumer Survey at 69%.

Population: Adults with serious mental illness

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

Brief Name: Positive Perceptions of Outcomes

Indicator 4: Client Perception of Care

Measure: Percent of clients reporting positively about outcomes (Number of Clients Reporting Positively About Outcomes) on the MHSIP Adult Consumer Survey.

Numerator: Number of positive responses reported in the outcome domain on the MHSIP Adult Consumer Survey.

Denominator: Total number of respondents to the outcome domain on the MHSIP Adult Consumer Survey.

Source(s) of Information: MHSIP Adult Consumer Survey

Significance: It is important to know what consumers think about the effectiveness of service delivery.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	69.2%	70.9%	70.3%	69.1%	69.1%
Numerator	3,083	2,999	3,166	---	---
Denominator	4,341	4,231	4,505	---	---

Action Plans: The Department has several committees that look at outcome performance measures. Many CSBs now have peer to peer counseling services that we hope will improve consumer outcomes. Regional restructuring. We continue to be committed to providing quality services in the community. As our community services expand, consumer outcomes should improve.

Adult Criterion 2: Adults Served by the SMHA.

Goal: To maintain or increase the number of adults who receive mental health services from the state mental health authority (SMHA).

Target: To increase the number of persons who receive mental health services from the SMHA to 85,000

Population: Adults

Criterion 2: Mental Health System Data Epidemiology

Brief Name: Adults served by the SMHA

Indicator 1: Increased Access to Services

Measure: Count of adults who receive mental health services from either a CSB or a state mental health hospital during the fiscal year.

Source(s) of Information: Community Consumer Submission; Hospital Information Systems (AVATAR).

Significance: It is important to provide treatment to as many individuals with mental illness as possible.

Special Issues: This indicator does not include data about persons receiving services through private providers. In addition, for the first time, we were able to get an unduplicated count of clients across CSBs.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	92,242	82,941	82,772	84,000	85,000
Numerator	92,242	82,941	83,000	84,000	85,000
Denominator	---	---	---	---	---

Action Plans: Virginia has a history of successfully meeting previous goals for this indicator and DMHMRSAS was successful in getting additional funds for FY 2006 from the General Assembly to expand the array of services. We believe that the numbers that we are providing now are more accurate than they have been in the past.

Adult Criterion 2: Treated Prevalence of Mental Illness

Goal: To maintain or expand access to mental health services for the population of persons who have a serious mental illness.

Target: To increase the treated prevalence of serious mental illness to 15%.

Population: Adults with Serious Mental Illness

Criterion 2: Mental Health System Data Epidemiology

Brief Name: Treated Prevalence of Serious Mental Illness

Indicator 2: The percentage of adults with a serious mental illness who receive public mental health services from community services boards during the fiscal year.

Measure:

Numerator: Number of adults who have a serious mental illness (as defined by the priority populations) and who have received mental health services from community services boards during the fiscal year.

Denominator: Federal estimates of the number of adults who annually have a serious mental illness in the State.

Sources of Information:

Numerator: Community Consumer Submission

Denominator: State estimates of prevalence by Kessler, et al. (1997) published in the Federal Register.

Special Issues: This indicator does not include data on individuals receiving services through private providers.

Significance: Setting quantitative targets to be achieved for the numbers of adults with serious mentally illness to be served by the public mental health system is a key requirement of the mental health block grant law. Penetration of the population affected by serious mental illness is a critical building block of the community-based care system.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	15.7%	14.4%	15.1%	14.5%	15%
Numerator	45,035	43,383	45,014	---	---
Denominator	286,988	301,728	298,246	---	---

Action Plans: Virginia has a history of successfully meeting previous goals for this indicator and DMHMRSAS was successful in getting additional funds for FY 2006 from the General Assembly to expand the array of services.

Criterion 3: Applies only to children's services.

Adult Criterion 4: PATH Performance and Outcome Measurements

Goal: To maintain the level of shelter, housing, mainstream resources and mental health services to homeless adults with serious mental illness.

Target: To maintain the level of shelter, housing, mainstream resources and mental health services to homeless adults with serious mental illness at 80%

Population: Adults with Serious Mental Illness

Criterion 4: Targeted Services to Homeless and Rural Populations

Brief Name: PATH Performance and Outcome Measurements

Indicator 1: Composite score for PATH mental health services and mainstream resources + shelter & housing assistance.

Measure:

Numerator: Composite Score, Mental Health and Mainstream Resources + Shelter and Housing Services

Denominator: Number of PATH clients identified during the year

Sources of Information:

Numerator: PATH Mental Health Services and Mainstream Resources + Shelter and Housing Services

1. PATH Mental Health Services
   Clients placed in mental health services
   Clients connected to mainstream resources

2. PATH Shelter and Housing Services
   Clients placed in shelter
   Clients placed in housing

Denominator: Number of PATH clients identified during the year

Significance: Accessing and maintaining these services is critical to homeless adults with serious mental illness.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	N/A	90.8%	88.4%	80%	80%
Numerator	N/A	10,960	11,597	---	---
Denominator	N/A	13,004	13,123	---	---

Action Plans: As of SFY 05, there are twenty PATH sites in the Commonwealth of Virginia. The total SFY 2005 federal award for Virginia is $1,061,000.

Adult Criterion 5: Support for Community Programs

Goal: To maintain or increase the percentage of SMHA-controlled expenditures used to support community programs.

Target: To maintain the percentage of SMHA-controlled expenditures used to support community programs at 30%.

Population: Adults with Serious Mental Illness

Criterion 5: Management systems

Brief Name: Support for Community Programs

Indicator 1: Percent of SMHA-controlled resources distributed CSBs

Measure:

Numerator: SMHA-controlled resources distributed to community services boards for adult services.

Denominator: Total SMHA-controlled resources (Central Office, State Facilities, CSBs - includes state general funds, federal block grant, Medicaid, and Medicare)

Sources of Information: State financial management system

Significance: Adequate funding is essential to building the community-based system of care. Measuring the proportion of SMHA-controlled resources supporting community programs is one indicator of progress.

Special Issues: The amount of money for adult services is calculated by taking the total expenditures for each core service category, multiplying it by the proportion of clients served in that core service who are 18 or older, and summing this figure across all core service categories.

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2003 Actual	FY 2004 Actual	FY 2005 Actual	FY 2006 Target	FY 2007 Target
Performance Indicator	30.6%	30.7%	29%	29%	30%
Numerator	141.6M	146.1M	150.3M	---	---
Denominator	462.8M	475.1M	517.8M	---	---

Action Plans: The Commonwealth continues to support the restructuring process, one part of which serves to divert funds from inpatient state hospitals to community programs. In addition, the largest share of the Mental Health Block Grant goes to Community Services Boards. We also actively encourage CSBs to maximize their Medicaid reimbursements.